

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>TRAUMA 3.0-435</b>	
		First Inventor <b>Carl Ekholm</b>	
		Title <b>HUMERAL NAIL</b>	Express Mail Label <b>EV342607687US</b>
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></div> <div>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>12</b>]</span> <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>1</b>]</span></div> <div>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>  </b>]</span><div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><div style="margin-left: 20px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div></div><div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div></div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<div style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div style="margin-left: 20px;">b. Specification Sequence Listing on:<div style="margin-left: 20px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div style="margin-left: 20px;">ii. <input type="checkbox"/> Paper</div></div><div style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</div></div>	
<b>ACCOMPANYING APPLICATIONS PARTS</b>			
<div>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></span></div> <div>11. <input type="checkbox"/> English Translation Document (if applicable)</div> <div>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input checked="" type="checkbox"/> Copies of IDS Citations</span></div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div> <div>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></div> <div>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></div>			
<div>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:<div style="margin-left: 20px;"><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span></div><div style="margin-left: 20px;">Prior application information: Examiner <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> Art Unit: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span></div><div><b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div></div>			
<b>19. CORRESPONDENCE ADDRESS</b>			
<div><input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; display: inline-block; width: 150px; text-align: center;">000530</span> OR <input type="checkbox"/> Correspondence address below</div>			
Name <span style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></span>			
Address <span style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></span>			
City <span style="border-bottom: 1px solid black; display: inline-block; width: 40%;"></span>		State <span style="border-bottom: 1px solid black; display: inline-block; width: 20%;"></span>	Zip Code <span style="border-bottom: 1px solid black; display: inline-block; width: 40%;"></span>
Country <span style="border-bottom: 1px solid black; display: inline-block; width: 30%;"></span>	Telephone <span style="border-bottom: 1px solid black; display: inline-block; width: 30%;"></span>	Fax <span style="border-bottom: 1px solid black; display: inline-block; width: 20%;"></span>	
Name (Print/Type) <b>Raymond W. Augustin</b>		Registration No. (Attorney/Agent) <b>28,588</b>	
Signature		Date <b>August 22, 2003</b>	

<b>FEE TRANSMITTAL for FY 2003</b>				<b>Complete if Known</b>	
<small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>				Application Number	Not Yet Assigned
				Filing Date	Concurrently Herewith
				First Named Inventor	Carl Ekholm
				Examiner Name	Not Yet Assigned
				Art Unit	N/A
				Attorney Docket No.	TRAUMA 3.0-435
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)		786.00	

  

<b>METHOD OF PAYMENT</b> (check all that apply)			<b>FEE CALCULATION</b> (continued)																																																																																																																																																																						
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None																																																																																																																																																																					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">12-1095</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Lerner, David, Littenberg, Krumholz &amp; Mentlik, LLP</span>																																																																																																																																																																									
<b>The Director is hereby authorized to:</b> (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																																									
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unavoidable</td><td></td></tr> <tr><td>1453 1,300</td><td>2453 650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501 1,300</td><td>2501 650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502 470</td><td>2502 235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503 630</td><td>2503 315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460 130</td><td>1460 130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807 50</td><td>1807 50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806 180</td><td>1806 180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021 40</td><td>8021 40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809 750</td><td>2809 375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810 750</td><td>2810 375</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801 750</td><td>2801 375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802 900</td><td>1802 900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="3">Other fee (specify)</td> <td></td> </tr> <tr> <td colspan="3">*Reduced by Basic Filing Fee Paid</td> <td><b>SUBTOTAL (3)</b> (\$)</td> </tr> <tr> <td colspan="3"></td> <td>0.00</td> </tr> </tbody> </table>			Large Entity	Small Entity	Fee Description	Fee Paid	Code	Code			1051 130	2051 65	Surcharge - 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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Raymond W. Augustin	Registration No. (Attorney/Agent)	28,588
Signature		Telephone	(908) 518-6318
		Date	August 22, 2003